



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 0756-2203											
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on _____. Name: _____		In re Application of Shunpei YAMAZAKI et al.											
		Application Number 09/583,087											
		Filed 09/05/00											
For ELECTRO-OPTICAL DEVICE AND METHOD FOR MANUFACTURING THE SAME		Group Art Unit 2815											
		Examiner J. Jackson, Jr.											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$195/\$390)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$445/\$890)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$695/\$1390)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$945/\$1890)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>38,285</u></p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>August 15, 2001</u> Date</p> <p><u>Eric J. Robinson, Reg. No. 38, 285</u> Signature</p> <p><u>Eric J. Robinson, Reg. No. 38, 285</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ 110.00	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$195/\$390)	\$ _____	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$445/\$890)	\$ _____	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$695/\$1390)	\$ _____	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$945/\$1890)	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ 110.00												
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$195/\$390)	\$ _____												
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$445/\$890)	\$ _____												
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$695/\$1390)	\$ _____												
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$945/\$1890)	\$ _____												

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